

Supplemental Figure 1. Patient Needs Assessment

1. The renal clinic at the VA Boston cares for patients from many VA medical centers and VA community-based outpatient clinic locations. How many miles is the **Geriatrics-Renal clinic** at the VA Boston from you home? How many minutes?
2. When you travel to the renal clinic at the VA Boston, how do you get there?
 - A. I drive myself
 - B. A friend or family member drives me
 - C. A driver from a professional transportation service drives me
 - D. A driver from the VA shuttle service drives me

3. A home telehealth visit is a visit where the Geriatrics-Renal team sees you through videoconferencing in your home instead of seeing you in-person at the clinic.

Please rate your need for home telehealth visits for home telehealth visits:

1	2	3	4	N/A
I do not need any home telehealth visits	I may need a home telehealth visit after a medication change is made	I need a home telehealth visit 1-2 times per year	I need a home telehealth visit more than 1-2 times per year	I am not sure

4. If you selected choice “1” above, please provide your rationale in the space below:

5. To participate in a home telehealth visit, these are the things you will need:
 - I. A smartphone or tablet that can connect to the internet and has a camera
 - II. An internet connection at your home

Do you have these things?

- A. Yes, I have access to both items I and II
- B. No, I only have access to item I
- C. No, I only have access to item II
- D. No, I do not have access to either items I or II

6. To participate in a home telehealth visit, these are the things you will have to do:
 - I. Download the VA Video Connect application to your smartphone or tablet
 - II. Open the application on your device
 - III. Click the internet link provided to you within the VA Video Connect application

Do you feel like you could do these things?

- A. Yes – I have done things like this before and think that I could figure it out
- B. Maybe – I think I could do this if provided support and training from VA
- C. No – This feels too challenging even with support and training from VA

7. How confident are you that you would be able to participate in a VA Video Connect visit?

1	2	3	4	N/A
Not at all confident	Somewhat confident	Confident	Very Confident	I am not sure

8. What kind of changes or alterations do you think the Geriatrics-Renal clinic should make in order to best provide home telehealth visits? (Circle all that apply)
- A. Conduct a home telehealth visit a few days prior to my scheduled in-person renal clinic visit, to obtain my medication list and complete a side effect screening
 - B. Conduct a home telehealth visit a few weeks after the renal team makes a medication change, to assess for benefits and harms of the medication change
 - C. Conduct a home telehealth visit instead of an in-person renal clinic visit
 - D. Do not conduct home telehealth visits
 - E. Other: _____
9. What kinds of changes or alterations do you think you will need to make in order to participate in a home telehealth visit? (Circle all that apply)
- A. Obtain access to a smartphone or tablet with internet connectivity and a built-in camera
 - B. Download the VA Video Connect application
 - C. Receive training on how to use the VA Video Connect application
 - D. None of the above
10. Do you think you will be able to make these changes? (Select one answer)
- A. Yes, and I believe I can make these changes without assistance from VA staff
 - B. Yes, but I may require assistance from VA staff to make these changes
 - C. No, even with help from VA staff I will not be able to make the above changes
11. If you selected choice "C" above, please provide your rationale in the space below:
12. For which of the above changes would you like VA assistance? (Circle all that apply)
- A. I would like assistance obtaining access to a smartphone or tablet with internet connectivity and a built-in camera
 - B. I would like assistance downloading the VA Video Connect application
 - C. I would like to receive training on how to use the VA Video Connect application
 - D. I do not require VA assistance with any of the above
13. After you have received all of the above VA assistance, how prepared will you be to participate in a home telehealth visit? (Select one answer)
- A. I would feel knowledgeable about the process of a home telehealth visit
 - B. I have a positive view of a home telehealth visit
 - C. I would like to participate in a home telehealth visit
 - D. I plan to speak to a Geriatrics-Renal team member about participating in a visit
14. Is there anything else you'd like to share with me about home telehealth or VA Video Connect we haven't discussed?

Optional: We are looking for volunteers who are interested in completing VA Video Connect visits with our team. If you are interested in volunteering, please write your first and last name in the space below. Please note that if you write your name, **your survey responses will no longer be anonymous**. Our team will call you to discuss what support you may need in order to complete a VA Video Connect visit.

Supplemental Figure 2. Post-visit Patient Interview Guide

Introduction:

Thank you again for participating in our home telehealth visit last week. I wanted to tell you that we learned so much from the visit and I appreciate your willingness to work with me. Now, I'd like to hear more about your experience during the visit. I will ask questions about your experience for the next 20-30 minutes. I may ask you to clarify what you mean so that I can better understand your experience. I will use what I learn from our conversation today to make changes to how I do home telehealth visits in the future.

What questions do you have before we begin? [Answer all questions before proceeding]

Patient Experience:

First, I'd like to ask questions related to your experiences with the home telehealth visit.

1. Tell me about your experiences with your home telehealth visit.
2. What challenges did you have when participating in the home telehealth visit?
 - *Probe:* Did you receive any VA assistance in this area?
 - *Probe:* Are you interested in receiving VA assistance in this area?
3. What did you find most complex about participating in the home telehealth visit?
 - *Probe:* How can the VA further assist in this area?
4. What types of changes should we make to how we do home telehealth visits in the future?
5. In your opinion, should the Geriatrics-Renal clinic continue to make home telehealth visits a priority?
 - *Probe:* Should we encourage patients in the clinic use home telehealth visits for their Geriatrics-Renal appointments at this time?
 - *How often would you like a home telehealth visit versus an in-person visit?* Ex (if needed): home telehealth visits for every visit, in-person visit once per year and home telehealth visits all other times, etc

Perception of Benefit:

Now I'd like to hear about whether or not you found the home telehealth visit to be beneficial.

6. What value or benefit did you receive from the home telehealth visit?
 - *Probe:* benefits to your health?
 - *Probe:* benefits to your well-being or quality of life?
 - *Probe:* benefits related to time saved? Money saved?
7. How confident are you that you could teach someone else how to participate in a home telehealth visit?
8. How prepared are you to participate in future home telehealth visits when you think they are needed?
 - *Probe:* Have you recommended home telehealth visits to others? Why or why not?

Supplemental Table 1. Patient Demographics (N = 32)

Characteristic	Count
Age , years, mean \pm S.D.	71 \pm 10
Male , count (percent)	30 (94)
Race count (percent)	
Non-Hispanic White	27 (84)
Non-Hispanic Black	4 (13)
Non-Hispanic Asian	1 (3)
Active daily medications , mean (range)	16 (5-29)
Comorbidities , count (percent)	
Hypertension	26 (81)
Hyperlipidemia	26 (81)
Diabetes	22 (69)
Mental health condition	17 (53)
Cognitive impairment	4 (13)
Rurality , count (percent)	
Metropolitan	28 (87)
Rural	4 (13)
Family member assisted patient with technology , count (percent)	6 (19)